

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 75)

SERIAL NO.

16532962

FILING DATE

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		2		/			54						
5		2		/			55						
6		2		/			56						
7		3		/			57						
8		3		/			58						
9		2		/			59						
10		2		/			60						
11		2		/			61						
12		2		/			62						
13		2		/			63						
14		3		/			64						
15				/			65						
16				/			66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
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25				/			75						
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37				/			87						
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39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	31	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						